Missouri
DEPARTMENT OF REVENUE

Customer Guide

Insurance Information Reporting (IIR)

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1. Introduction

1.1. Program Background

In 1999, the Missouri General Assembly passed Senate Bill 19 that established the Motorist Insurance Identification Database (MIIDB). The purpose of this program was to reduce the number of uninsured motorists in Missouri. The MIIDB would identify uninsured motorists, notify them that they were identified as not having insurance, give them an opportunity to prove they were insured, and if not, suspend their vehicle registration.

During the preparation of the Fiscal Year 2001 Budget, the program's cost far exceeded available resources and the State explored other simpler and less expensive approaches to reduce the number of uninsured motorists. A more cost-effective idea was agreed upon that would only send notices to a sample of the individuals identified as not having insurance.

In the 2000 session of the Missouri General Assembly, House Bill 1797 (HB 1797) was passed, and the Governor signed it into law on July 12, 2000. This bill is also aimed at reducing the number of uninsured motorists in Missouri. HB 1707 provides the Department of Revenue (DOR) with a mechanism to build and operate an insurance sampling program. The bill also corrects the data inconsistencies contained in Senate Bill 19 (SB 19) and provides a funding mechanism for the MIIDB.

The Motor Vehicle and Driver Licensing Division (MVDL) developed and the State of Missouri adopted, Administrative Rules to implement the Missouri Enhanced Sampling Program (ESP). The rules, developed with input from the insurance industry, clarify and expand on the statute's requirements for implementation of the ESP. The administrative rules pertaining to ESP are 12 CSR 10-25.140 Financial Responsibility – Inoperative/Stored Vehicles and 12 CSR 10-25.150 Financial Responsibility Sampling.

In 2010, the program known as Missouri Enhanced Sampling Program became Missouri Insurance Information Reporting Program (IIR).

1.2. IIR Reporting Contacts

For all e-mail communications regarding the IIR, send to:

Insurance_Reporting@dor.mo.gov

For telephone inquiries, please call the "IIR Hotline" at 573-526-3669.

2. Insurance Information Reporting

Data transmitted to the MVDL should include all private passenger motor vehicle liability policies on vehicles principally garaged in Missouri that your company has in force at 11:59 pm on the last day of each month.

Thus, the data for January will reflect only the policies in force on January 31 and the data must be received by the MVDL by close of business on the 7th working day of February (State Holidays are excluded). The date range is the first of the month through, and including, the last day of the month.

All records received each month will be loaded into the IIR database.

Note: Each company's insured customers are maintained in this database which allows them to renew their license plates online through the Missouri online renewal system at www.plates.mo.gov.

2.1. Data Reporting Requirements

The following list addresses some of the data reporting requirements for insurance companies:

- If a policy covers more than one vehicle, submit a record for each vehicle.

- If the first named individual on the policy does not have a Driver License Number (DLN) or a Social Security Number (SSN), please send a named insured with a DLN or SSN.

2.2. Administrative Rules/Reporting Requirements

The only privately owned passenger motor vehicle classifications (NOT COVERED BY A COMMERCIAL line policy) that must be reported are:

- Passenger vehicles, e.g., cars, vans and SUV's.

- Trucks less than 18,000 pounds

- Motorcycles

- Motor tricycles

- Recreational vehicles

Note: Commercial policies will not be rejected.

Companies should not report:

- ATV's, trailers, golf carts or snowmobiles.

- Transactions that are not required by, excluded by, or specifically prohibited by statute or regulation.

- Multiple submissions of the exact same transaction record within the same transmission.

- Transactions for quotes/binders when the policy of liability insurance never took effect.

- Multiple submission of the same month's data UNLESS resubmitting it as the result of a previously rejected submission for that month due to a hard error.

- Two separate companies CANNOT submit data for the same National Associate of Insurance Commissioners (NAIC) number in the same month. One submission will be rejected and the information will not store.

2.3. Reporting Methods

Insurance companies can electronically report data to the DOR using one of two methods; Internet file transfer using SSL or File Transfer Protocol (FTP). See Section 3 and 4 of this manual for more detail.

Whichever method a company chooses to use to submit their data, they will go through a testing process before being able to submit their data through production.

NOTE: Missouri DOR reserves the right to require a company with large document volume to use FTP for reporting.

2.4. No Business Report

If an insurance company discontinues writing private passenger liability insurance policies in Missouri they must still comply with all applicable Missouri Department of Insurance, Financial Institutions and Professional Registrations (DIFP) requirements and also notify the IIR system immediately. This can be done by sending an e-mail to Insurance_Reporting@dor.mo.gov.

Pursuant to 12 CSR 10-25.150, insurers that do not write private passenger automobile liability policies in this state or who have a statistically insignificant number of policies in force shall report this information to the director of revenue using a written format. Such letter will be addressed to the:

Missouri Department of Revenue
Driver License Bureau
Post Office Box 200
Jefferson City, Missouri 65105-0200
Attention: Insurance Information Reporting Manager

There will be no need for making subsequent data submissions until the company begins writing private passenger liability policies in Missouri. Upon notification by the DOI, MVDL will update its tracking database and the insurance company will be removed from the transmission list.

3. Testing

Testing is a manual process. It is important for every company to notify and communicate with ITSD when a file is going to be sent to us for testing.

3.1. Data Format

Missouri Flat File format will be used for reporting data for testing, production and error files. See appendix A and B respectively.

3.2. Internet Reporting

ITSD will maintain a production internet webpage at https://sa.dor.mo.gov/mv/dor_iir/. This webpage will be secured by a User Id and Password for each NAIC company. The monthly transmission of data will use the encryption provided by SSL security protocol that uses Global Server ID Technology.

Before data can be submitted by the file transfer via SSL, you must establish a (XX alphanumeric) user Id (up to 8 alphanumeric) and password (up to 10 alphanumeric) for each NAIC for which you will be reporting. To do so, please e-mail your selection to Insurance_Reporting@dor.mo.gov. Use "Password" as the message subject. In the body of the message, include all NAIC's along with a unique User Id and Password.

NOTE: User Id's and Passwords are case sensitive!

Example: User Id: Company1 NAIC: 12345 Password: abc123DEfg

Each company will follow the Missouri Flat File format to create the file for upload to the IIR system. If a company is submitting for more than one NAIC, all NAIC's can be put into one file but they must be separated by a header and trailer record.

Example:
Header Record – NAIC 1
Detail Records
Trailer Record – NAIC 1
Header Record – NAIC 2
Detail Records
Trailer Record – NAIC 2

The company will create and send the test file via e-mail to Insurance_Reporting@dor.mo.gov. ITSD will then process the file and check the data format for accuracy. If there are any problems, ITSD will contact the company and work with them on resolving any issues.

3.3. FTP Reporting

To begin the FTP process you will need to contact the Missouri Department of Revenue's Information Technology Services Division (ITSD) at Insurance_Reporting@dor.mo.gov.

A User Id and Password will be provided to you by ITSD, to access the Missouri FTP server, along with any technical information needed for setting up FTP.

Once your company is ready to begin testing you will receive an email with the file names needed for submission and retrieval of your FTP files.

Missouri Flat File format will be used to create files. Each company will follow the Missouri Flat File format to create the file for upload to the Missouri FTP server. If a company is submitting for more than one NAIC, all NAIC's **must** be put into one file. Each file must be separated by a header and trailer record.

Example:
Header Record – NAIC 1
Detail Records
Trailer Record – NAIC 1
Header Record – NAIC 2
Detail Records
Trailer Record – NAIC 2

Once ITSD has been notified that a test file is available for processing, they will process the file and check the data format for accuracy. If there are any problems, ITSD will contact the company and work with them on resolving any issues.

4. Production

4.1. Internet Reporting

Once testing has been completed, ITSD will move the company to production. Once the company has been moved to production the company will be notified when they can submit their first production file to the internet.

The production website to upload data each month is:
https://sa.dor.mo.gov/mv/dor_iir/

4.2. FTP Reporting

Once testing has been completed, ITSD will move the company to production. Once the company has been moved to production the company will be notified when the can submit their first production file to the FTP server.

Because FTP reporting is all done through the FTP server, production file names will be provided to the company along with the submission time frame.

All files **must** be submitted by the 7th working day of each month. ITSD will process the files on the 8th working day of each month. Error files can be retrieved anytime after the 8th working day of each month.

If a company has problems submitting their file by the 7th working day they must contact the IIR Hotline to work with ITSD to get the issue(s) resolved before the end of the reporting month.

5. Error Files

Appendix C contains a list of possible error codes. If an entire data transmission is unreadable or unusable, the MVDL will code it as a "hard" error, reject the transmission and notify the company of the reason for the rejection. The company must correct the problem and resubmit the entire file within five (5) working days of receipt.

Individual records with a soft error are returned to the insurer with appropriate soft error information. MVDL will return the error file to the company using the same format type and media by which the MVDL received them. Soft errors do not require immediate correction or any further transmissions on the insurance company's part until the next scheduled reporting period.

5.1. Internet Error File - Production

Once testing has been completed and the company is moved to production, it is the responsibility of the reporting company to retrieve and fix their errors by the next month's submission if they are soft errors or within 5 working days if the entire file errors back due to a hard error.

5.2. FTP Error File - Testing

If errors are generated, the company will be notified that they can login, download and review their error file. If no errors were generated, ITSD will ask the company to generate 10 errors (removing the VIN creates an error) and resubmit the file.

5.3. FTP Error File - Production

Once testing has been completed and the company is moved to production, it is the responsibility of the reporting company to retrieve and fix their errors by the next month's submission if they are soft errors or within 5 working days if the entire file errors back due to a hard error.

6. Data Elements

This section defines each of the data elements and the validation rules for them. This includes data dependencies and allowable values for the data elements.

6.1. Data Element Specifications

Data element validation rule violation(s) may require the MVDL to reject the entire file. As used within the IIR, this is a "hard error". All hard errors require record correction(s) and resubmission of the entire transmission to the MVDL within five (5) working days of receipt. Validation rules require that all required data elements are present and in the proper format. Missouri statute or administrative rules specify the data elements to be reported and they are needed for the MVDL to make a proper match.

The transaction set may also produce "soft" errors, defined previously as errors in an individual data element. The MVDL will accept the document and notify the insurer that there may be a problem with a particular data element. When returned to the insurance company, "soft" errors must be reviewed and the data element corrected in the insurer's file. "Soft" errors do not require the insurer to resubmit the corrected record to the MVDL. These corrected records will merely be reported as part of the following month's record set.

Following receipt of the transaction set, the MVDL will retain records that pass all validation rules (those without "hard" errors) in the insurance database.

NOTE: Currently, the IIR database is tied to the Motor Vehicle Online Renewal System. To ensure quality customer service, it is important to have your data correct and submitted each month so that the insured's may renew their vehicle registration online.

6.2. Data Element Definitions and Validation Rules

Transmission Method: This is the method by which a trading partner sends data to the DVM/DL. This data is necessary so the MVDL can return the error file to the insurance company via the same media. If this field is blank, or the data is invalid, the entire transmission will be rejected and returned to the insurer as a hard error. Transmission (media) options are:

- **T** = FTP

- **I** = Internet

Insurance Company Number: This is the NAIC number that uniquely identifies the insurance company that is reporting and not the group member that is doing the reporting. The MVDL will maintain a listing of each insurance company that completes its certification testing and is therefore identified as a trading partner. The insurance company must contact the MVDL to become certified as a trading partner. The MVDL will reject the entire transaction set if the insurance company is not on record as a certified trading partner.

Reporting Period – Begin: This is the first day of the reporting period, normally the first day of the month.

Reporting Period – End: This is the last day of the reporting period, normally the last day of the month. This field is also used to track submissions by the insurance companies for compliance.

Transmission Date: This is the date that the insurance company submits the transaction file to the MVDL.

Transaction Type: Currently, there is only one option for this field, "F", for "full" load (entire book of business). The MVDL may add other transaction type options in the future.

Policy Number: This is the insurance policy number, including prefixes and suffixes. It must be included with each transmission. Since a trading partner submits a full book of business each month, the IIR process will compare these monthly transmissions and recognize any change in policy number information.

Policy Effective Date: This is the date that insurance coverage takes effect.

Policy Termination Date: This is the date the insurance coverage is no longer effective.

Vehicle Make: This is the manufacturer of the vehicle. If this field is missing, the MVDL will report it as a soft error on the error report and the trading partner must correct it in the following month's data submission.

Vehicle Year: This is the 4-digit model year of the vehicle.

Vehicle Identification Number (VIN): Include the full (currently, 17 characters) VIN for vehicles manufactured in 1981 and after. The IIR system will accept less than the full (17) character VIN's for vehicles manufactured prior to 1981. The MVDL will perform VIN validity checking for the purposes of online renewal of motor vehicle plate registration.

Policy Owner Date of Birth: This is the date of birth for the person who is listed as the first insured on the policy.

Policy Owner Last Name: This is the last name of the first named insured on the policy.

Policy Owner First Name: This is the first name of the first named insured on the policy. This is an optional field.

Policy Owner Middle Name: This is the middle name, or initial, of the first named insured on the policy.

Policy Owner Suffix: This is the suffix of the first named insured on the policy.

Policy Owner Address 1: This is the street or P.O. Box address of the first named insured on the policy.

Policy Owner Address 2: This is for additional address information, such as, apartment number, suite number, etc.

Policy Owner City: This is the mailing address of the first named insured on the policy.

Policy Owner State: This is the resident state for the address of the first named insured on the policy.

Policy Owner Zip Code: This is the ZIP Code associated with the address of the first named insured on the policy. A 5-digit ZIP Code is required at a minimum. If the 9-digit ZIP Code (or "ZIP+4") is used, the dash or space must be omitted. Either the 5- or 9-digit format is acceptable

NOTE: For addresses outside the United States, (excluding APO and FPO addresses) the insurance company should enter the:

- Street address in the 1st address field,
- City name in the 2nd address field,
- Country name in the city name field, and
- "XX" in the state code field

Policy Owner Licensing State: This is the state, using nationally recognized USPS abbreviations, from which the named insured's driver license was issued.

Policy Owner DL Number: This is the driver license number of the first named insured on the policy. If the policy owner is not licensed, this field is not required but the Social Security Number (SSN) field must be included.

Policy Owner Social Security Number: This is the SSN for the first named insured on the policy. This field is only required if owner does not have a current, active driver license number.

Insurer Use Only: This field is optional and may contain up to 10 characters of information for insurer use as specified by the insurer.

Filler: To make all Missouri Flat File Format records the same size, "blank" fillers are need to be added to bring the record length to 350 characters.

GLOSSARY

The following is a list of definitions and acronyms used throughout this Users Guide. These definitions are intended to help clarify the terms used.

Data Element – Information fields used in insurance information records.

DLN – Driver License Number

DIFP – Department of Financial Institutions and Professional Registrations.

DOR - Department of Revenue.

ESP – Enhanced Sampling Program.

IIR – Insurance Information Reporting.

ITSD – Information Technology Services Division.

Hard Error – This is an error that causes rejection of the insurance company's entire file transmission. The error must be corrected and the file resubmitted.

MVDL – The Division of Motor Vehicle & Driver Licensing. In Missouri, this division is part of the Department of Revenue.

NAIC – The National Association of Insurance Commissioners.

Policy – Motor vehicle liability coverage issued by an insurer.

Soft Error – This is an error in the data sent by an insurance company, but the MVDL retains the data in the insurance database file. It is used to notify insurance companies of a problem that will require further action. It does not require correction or any further transmissions on the insurance company's part until the next scheduled reporting period.

SSL – Secure Socket Layer. A protocol developed for transmitting private documents via the Internet. SSL works by using a private key to encrypt data that's transferred over the SSL connection. SSL creates a secure connection between the client and server over which any amount of data can be transmitted securely.

SSN – Social Security Number.

Trading Partner – Any entity with which the MVDL exchanges insurance policy-related data.

Transmission – A transmission contains all of the information (header/data/trailer) sent or received at one time.

Appendix A

Missouri Flat File Layout and Description

HEADER RECORD LAYOUT

Character Position	Data Element	Field Length	Required Y/N	A, N, A/N	Description
1	Record Type	1	Y	A	The first record received, regardless of the media type, will include an "H" for Header record format.
2	Transmission Method	1	Y	A	The method received from the Insurance Company. Options are: T = FTP or I = Internet.
3	NAIC Number	5	Y	A/N	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
8	Reporting Period - Begin	8	Y	N	The format of this field is CCYYMMDD. This is the first day of the reporting period. The reporting begin is the FIRST day of the month no matter what day it falls on.
16	Reporting Period – End	8	Y	N	The format of this field is CCYYMMDD. This is the last day of the reporting period. The reporting end is the LAST day of the month no matter what day it falls on.
24	Transmission Date	8	Y	N	Files for the preceding month will be transmitted to the Department of Revenue by the 7th working day of every month. The format of this field is CCYYMMDD. This is the date of transmission.
32	Filler	319	Y	A/N	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.

DETAIL RECORD LAYOUT

Character Position	Data Element	Field Length	Required Y/N	A, N, A/N	Description
1	Record Type	1	Y	A	The first record received, regardless of the media type, will include a "D" for Detail record format.
2	NAIC Number	5	Y	A/N	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
7	Reporting Period - Begin	8	Y	N	The format of this field is CCYYMMDD. This is the first day of the reporting period. The reporting begin is the FIRST day of the month no matter what day it falls on.
15	Reporting Period – End	8	Y	N	The format of this field is CCYYMMDD. This is the last day of the reporting period. The reporting end is the LAST day of the month no matter what day it falls on.
23	Transmission Date	8	Y	N	Files for the preceding month will be transmitted to the Department of Revenue by the 7th working day of every month. The format of this field is CCYYMMDD. This is the date of transmission.
31	Transaction Type	1	Y	A/N	This field is used for the type of data load being performed. The only option is "F" for full load.
32	Policy Number	25	Y	N	This is the policy number for the insured vehicle.
57	Policy Effective Date	8	Y	N	This date, in CCYYMMDD format, is the date the policy is in effect.
65	Termination Date	8	N	N	This date, CCYYMMDD format, is the date after which the policy will no longer be in effect.
73	Vehicle Make	5	Y	A/N	This field is the vehicle make. (Ex. Ford, Chevrolet, etc.)
78	Vehicle Year	4	Y	N	This is the four-digit year in which the vehicle was manufactured in CCYY format.
82	VIN (Vehicle Identification Number)	26	Y	A/N	Motor vehicles have their own unique VIN's. This field length is set to 26 characters to allow for future expansion.
108	Policy Owner Date of Birth	8	Y	N	CCYYMMDD format.

116	Policy Owner Last Name	25	Y	A/N	Last Name
141	Policy Owner First Name	15	N	A/N	First Name
156	Policy Owner Middle Name	12	N	A/N	Middle Name
168	Policy Owner Suffix	3	N	A/N	Ex. Jr., Sr., II, III, etc.
171	Policy Owner Address 1	30	Y	A/N	This is the house number and street identification or P.O. Box
201	Policy Owner Address 2	30	N	A/N	Can include apartment number, suite number, etc. **(If the policy owner's address is out of the country this is used for the city name)**
231	Policy Owner City	20	Y	A/N	City in which the owner resides. **(If the policy owner's address is out of the country this is used for the country name)**
251	Policy Owner State	2	Y	A	The State in which the owner resides. **(If the policy owner's address is out of the country, the code "XX" is entered here.)**
253	Policy Owner Zip Code	9	Y	A/N	5-digit zip code required. 4-digit zip code is optional. **The dash must be omitted if including the 4-digit zip code.**
262	Policy Owner Licensing State	2	Y	A	The State in which the license was issued, using the United States Postal codes. **(If the policy owner's address is out of the country, the code "XX" is entered here.)**
264	Policy Owner DL Number	25	Y	A/N	Driver License number
289	Policy Owner SSN	9	Y	N	Social Security Number (omitting dashes) **NOTE:** SSN is required only if the policy owner is not licensed.
298	Insurer Use Only	10	N	A/N	For Insurance company use only.
308	Filler	43	Y	A/N	To bring all records to the same size for consistency.

TRAILER RECORD LAYOUT

Character Position	Data Element	Field Length	Required Y/N	A, N, A/N	Description
1	Record Type	1	Y	A	The last record received, regardless of the media type, will include a "T" for Trailer record format.
2	NAIC Number	5	Y	A/N	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
7	Reporting Period - Begin	8	Y	N	The format of this field is CCYYMMDD. This is the first day of the reporting period. The reporting begin is the FIRST day of the month no matter what day it falls on.
15	Reporting Period – End	8	Y	N	The format of this field is CCYYMMDD. This is the last day of the reporting period. The reporting end is the LAST day of the month no matter what day it falls on.
23	Record Count	7	Y	N	To report the number of detail records transmitted. **NOTE:** Do *NOT* include the header and trailer records in the count.
30	Filler	321	Y	A/N	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.

Appendix B

Missouri Flat File Error File Layout and Description

HEADER RECORD LAYOUT

Character Position	Data Element	Field Length	Required Y/N	A, N, A/N	Description
1	Record Type	1	Y	A	The first record received, regardless of the media type, will include an "H" for Header record format.
2	Transmission Method	1	Y	A	The method received from the Insurance Company. Options are: T = FTP or I = Internet.
3	NIAC Number	5	Y	A/N	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
8	Reporting Period - Begin	8	Y	N	The format of this field is CCYYMMDD. This is the first day of the reporting period. The reporting begin is the FIRST day of the month no matter what day it falls on.
16	Reporting Period – End	8	Y	N	The format of this field is CCYYMMDD. This is the last day of the reporting period. The reporting end is the LAST day of the month no matter what day it falls on.
24	Transmission Date	8	Y	N	Files for the preceding month will be transmitted to the Department of Revenue by the 7th working day of every month. The format of this field is CCYYMMDD. This is the date of transmission.
32	Error Code(s)	6	Y	N	Up to **3 hard error codes** may be placed in this field so that the insurance company knows why the record was returned.
38	Filler	313	Y	A/N	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.

DETAIL RECORD LAYOUT

Character Position	Data Element	Field Length	Required Y/N	A, N, A/N	Description
1	Record Type	1	Y	A	The first record received, regardless of the media type, will include a "D" for Detail record format.
2	NIAC Number	5	Y	A/N	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
7	Reporting Period - Begin	8	Y	N	The format of this field is CCYYMMDD. This is the first day of the reporting period. The reporting begin is the FIRST day of the month no matter what day it falls on.
15	Reporting Period – End	8	Y	N	The format of this field is CCYYMMDD. This is the last day of the reporting period. The reporting end is the LAST day of the month no matter what day it falls on.
23	Transmission Date	8	Y	N	Files for the preceding month will be transmitted to the Department of Revenue by the 7th working day of every month. The format of this field is CCYYMMDD. This is the date of transmission.
31	Transaction Type	1	Y	A/N	This field is used for the type of data load being performed. The only option is "F" for full load.
32	Policy Number	25	Y	N	This is the policy number for the insured vehicle.
57	Policy Effective Date	8	Y	N	This date, in CCYYMMDD format, is the date the policy is in effect.
65	Termination Date	8	N	N	This date, CCYYMMDD format, is the date after which the policy will no longer be in effect.
73	Vehicle Make	5	Y	A/N	This field is the vehicle make. (Ex. Ford, Chevrolet, etc.)
78	Vehicle Year	4	Y	N	This is the four-digit year in which the vehicle was manufactured in CCYY format.
82	VIN (Vehicle Identification Number)	26	Y	A/N	Motor vehicles have their own unique VIN's. This field length is set to 26 characters to allow for future expansion.
108	Policy Owner Date of Birth	8	Y	N	CCYYMMDD format.

116	Policy Owner Last Name	25	Y	A/N	Last Name
141	Policy Owner First Name	15	N	A/N	First Name
156	Policy Owner Middle Name	12	N	A/N	Middle Name
168	Policy Owner Suffix	3	N	A/N	Ex. Jr., Sr., II, III, etc.
171	Policy Owner Address 1	30	Y	A/N	This is the house number and street identification or P.O. Box
201	Policy Owner Address 2	30	N	A/N	Can include apartment number, suite number, etc. **(If the policy owner's address is out of the country this is used for the city name)**
231	Policy Owner City	20	Y	A/N	City in which the owner resides. **(If the policy owner's address is out of the country this is used for the country name)**
251	Policy Owner State	2	Y	A	The State in which the owner resides. **(If the policy owner's address is out of the country, the code "XX" is entered here.)**
253	Policy Owner Zip Code	9	Y	A/N	5-digit zip code required. 4-digit zip code is optional. **The dash must be omitted if including the 4-digit zip code.**
262	Policy Owner Licensing State	2	Y	A	The State in which the license was issued, using the United States Postal codes. **(If the policy owner's address is out of the country, the code "XX" is entered here.)**
264	Policy Owner DL Number	25	Y	A/N	Driver License number
289	Policy Owner SSN	9	Y	N	Social Security Number (omitting dashes) **NOTE:** SSN is required only if the policy owner is not licensed.
298	Insurer Use Only	10	N	A/N	For Insurance company use only.
308	Error Code(s)	24	Y	N	Up to **12 soft error codes** may be placed in this field so that the insurance company knows why the record was returned.
332	Filler	19	Y	A/N	To bring all records to the same size for consistency.

TRAILER RECORD LAYOUT

Character Position	Data Element	Field Length	Required Y/N	A, N, A/N	Description
1	Record Type	1	Y	A	The last record received, regardless of the media type, will include a "T" for Trailer record format.
2	NIAC Number	5	Y	A/N	This is a unique, nationally recognized number that identifies the Insurance Company transmitting the data.
7	Reporting Period - Begin	8	Y	N	The format of this field is CCYYMMDD. This is the first day of the reporting period. The reporting begin is the FIRST day of the month no matter what day it falls on.
15	Reporting Period – End	8	Y	N	The format of this field is CCYYMMDD. This is the last day of the reporting period. The reporting end is the LAST day of the month no matter what day it falls on.
23	Record Count	7	Y	N	To report the number of detail records transmitted. **NOTE:** Do **_NOT_** include the header and trailer records in the count.
30	Filler	321	Y	A/N	So that all records are consistently the same size, blank fillers need to be added to bring the record length to 350.

Appendix C

ERROR CODES AND CORRECTIVE ACTION

Error Code	Name of Error Code	Description/Corrective Action	Error Type
01	Record Type Invalid	Options are H, D or T for **H**eader, **D**ata or **T**railer, respectively. Record Type invalid or missing, cannot determine record information.	**Hard error**
02	Transmission Method Invalid	Options are T or I for F**T**P or **I**nternet File Transfer respectively. Cannot determine the method to use.	**Hard error**
03	Reporting Period Invalid	CCYYMM format required. Reporting period is the month prior to the processing month. Correct date for this reporting cycle.	**Hard error** for header record. **Soft error** for detail record.
04	Reporting Period Duplicate submission	Reporting period has already been transmitted for the processing month.	**Hard error**
05	Transmission Date Invalid	CCYYMMDD format required. Correct/Include date for this transmission cycle.	**Hard error**
06	Reserved for Future Use	Error code not currently used	
07	Record Count Missing	9999999 format. Required field used to determine that the number of records reported matches the number of records received and processed.	**Hard error**
08	Record Count Mismatch	Reported Record Counts and actual (processed) Record Counts MUST match.	**Hard error**
09	NAIC Number Invalid	Correct/Include 5-character NAIC number. Use correct code from NAIC table	**Hard error**
10	Policy Number Missing	25 characters. Include Policy Number	**Soft error**
11	Policy Effective Date Invalid	CCYYMMDD format. Correct/Include Policy Effective Date	**Soft error**
12	Policy Termination Date Invalid	CCYYMMDD format. Optional field	**Soft error**
13	Vehicle Make Missing	Include Vehicle Make	**Soft error**
14	Vehicle Make Invalid	Not currently used. For future use.	

15	Vehicle Year Invalid	CCYY format. Correct/Include Vehicle Year	**Soft error**
16	VIN Missing	Need to include the VIN	**Soft error**
17	VIN Invalid	Not currently used. For future use.	
18	Policy Owner's Date of Birth Invalid	CCYYMMDD format. Correct/Include Date of Birth	**Soft error**
19	Policy Owner's Last Name Missing	Include last name	**Soft error**
20	Policy Owner's Address Missing	Include address	**Soft error**
21	Policy Owner's City Missing	Include city	**Soft error**
22	Policy Owner's State Invalid	Use the 2-character Postal Code abbreviation or "XX"	**Soft error**
23	Policy Owner's Zip Code Invalid	Correct/Include at least the 5-digit zip code.	**Soft error**
24	Policy Owner's Licensing State Invalid	Correct/Include the licensing state using the 2-character Postal Code abbreviation or "XX"	**Soft error**
25	Policy Owner's Driver's License Number Missing	**NOTE:** this field is not required if the SSN is included	**Soft error**
26	Policy Owner's Social Security Number Invalid	**NOTE:** this field is not required if the DL number above is provided	**Soft error**

<u>Appendix D</u>

Missouri Insurance Partners Information Sheet (MIPIS)
Please log in to your account to update your information.

Company Information:

Company Name:	
NAIC Code:	
Address Line 1	
Address Line 2	
City	
State & Zip Code	
Primary Phone	( ) -- Ext:
Primary Fax	( ) --

NOTE: Each company must report using its unique NAIC Code. One MIPIS must be submitted for each NAIC code.

Company Contacts:

Business Contact

Name:	
Address (if different from above):	
Phone (if different from above):	
E-mail Address:	

Technical Contact 1

Name:	
Address (if different from above):	
Phone (if different from above):	
E-mail Address:	

Technical Contact 2

Name:	
Address (if different from above):	
Phone (if different from above):	
E-mail Address:	

Group E-mail Address:	

Reporting Information:

MEDIA: Internet (I) _____   or FTP (T) _____

Estimated number of private passenger vehicle records your company will be sending to DOR? _____

PLEASE SEE INSTRUCTIONS ON NEXT PAGE

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Instructions for the
Missouri Insurance Partners Information Sheet (MIPIS)

Notes:

▪ *Please log into each NAIC account to update the* <u>*Missouri Insurance Partners*</u> <u>*Information Sheet (MIPIS).*</u>

Company Information:

- ▪ **Name and NAIC Code:** List exactly as shown by NAIC.
- ▪ **Address:** *List the mailing address for the company's main office.*
- ▪ **Phone:** *List the primary company number.*
- ▪ **Primary Fax:** *List the facsimile number located in the company's main office.*

Point of Contact (POC) Information:

- ▪ The individual(s) listed is/are the one(s) DOR will contact if there are problems or questions about your company's data.
- ▪ If an individual is identified for both Business and Technical Issues, complete the "<u>Business Issues</u>" column and only entering *"SAME"* in the name block of the "<u>Technical Issues</u>" column.
- ▪ If you have a group e-mail contact please include the information in the Group E-mail box.

Reporting Information:

- ▪ Select if you will be submitting via Internet or FTP

    o ***NOTE:*** Missouri DOR reserves the right to require a company with large document volume to use FTP for reporting.

For questions regarding this form, please call: (573) 526-3669.